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Complete and soud to	ns form together with	h applicable fe	e(s), to: <u>M</u> or <u>F</u>	P.O. Alex	l Stop ISSUI missioner fo Box 1450 andria, Virg 746-4000	r Patents	-1450	
INSTRUCTIONS: 15 for appropriate. All further conindicated unless correct and maintenance for positionation	rm should be used for tran crespondence including the properties of the control o	smitting the ISSUI Patent, advance ord in Block 1, by (a)			N FEE (if requintenance fees vondence address	ired). Blocks vill be mailed and/or (b) in	1 through 5 sho to the current co- dicating a separa	ould be completed where orrespondence address as the "FEE ADDRESS" for
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ATLANTA, GA 3	0339			Су	nthia P	ilato		(Depositor's name)
				-6	yallu			(Signature)
APPLICATION NO.	FILING DATE	F	IRST NAMED	INVENTOR	7-50	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/795,816	03/08/2004		Igor Reiz		A4 /AF /000F	L	0-RA 000048 10795	
TITLE OF INVENTION: O	RAL HYGIENE DEVICE A	ND METHOD OF	USE THERE	FOR		HGUTEMA2 O		
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APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICA	TION FEE	TOTAL F	EE(S) DUE	DATE DUE
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1. Change of correspondenc CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Myers & Kaplan, LL  Ashish D. Patel  3						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	HE PATENT	(print or type)	)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee dof this form is NOT	ata will appea a substitute fo	ar on the pate or filing an as	ent. If an assigr signment.	ee is identifie	ed below, the doo	cument has been filed for
(A) NAME OF ASSIGN	EE	(B)	RESIDENCE	E: (CITY and	STATE OR CO	UNTRY)		
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			Deposit Accor	unt Number_	aumorized by c	marge the requ	close an extra cop	by of this form).
_ •	(from status indicated above MALL ENTITY status. See	,	b. Applica	nt is no longe	r claiming SMA	LL ENTITY s	tatus. See 37 CFI	R 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco								
Authorized Signature	M				Date	01/0	3/05	
Typed or printed name _	Ashish D. Pa				Registration		,177	
This collection of informatic an application. Confidential submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C pplication form to the USPT of for reducing this burden, slinia 22313-1450. DO NOT 1450.	11. The information 122 and 37 CFR 1 O. Time will vary of lould be sent to the SEND FEES OR CO	is required to 14. This collegending upon Chief Information OMPLETED	o obtain or ret ection is estim on the individation Officer, FORMS TO	ain a benefit by the nated to take 12 ual case. Any con U.S. Patent and THIS ADDRESS	the public which in the public which in the public with the public which the public with the public with the public with the public which the public with the public which the public with the publ	ch is to file (and be not to file (and be not to file amount of time file, U.S. Depar Commissioner for	by the USPTO to process) gathering, preparing, and you require to complete tracent of Commerce, P.O. r Patents, P.O. Box 1450,

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